## PART B - FEE(S) TRANSMITTAL

Complete and Send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

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		ock 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
20529	7590 11/23	/2009	•		•	emission			
THE NATH L 112 South West Alexandria, VA	Street		I S a t	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			Γ			(Depositor's name)			
						(Signature)			
						(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/572,933	03/22/2006		Bang Luu		27269U	5001			
TITLE OF INVENTION	I: TOCOPHEROL DERI	VATIVES WITH A LON	G HYDROXYLATED	CHAIN, WHICH CA	N BE USED AS NEUROTI	ROPHICS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1510	\$300	\$0 \$1810 02/23/2010 02/17/2010 AWONDAF2 00000121 10572933					
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	01 FC:15	591	1510.00 OP			
	ONG SOO	1627	514-458000	02 FC:1		300.00 OP			
1. Change of correspondence address or indication of "Fee Address" CFR 1.363).  Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a	For printing on the patent from page: 1801  ) the names of up to 3 registered patent attorneys agents OR, alternatively,  ) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.					
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI AxoGlia Therapeutic	less an assignee is ident th in 37 CFR 3.11. Comp GNEE :s S.A	pletion of this form is NO	data will appear on the Ta substitute for filing (B) RESIDENCE: (CI LUXEMBOURG, LUX	e patent. If an assign an assignment. TY and STATE OR C	COUNTRY)	document has been filed for			
4a. The following fee(s)	No small entity discount p		b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the 15quired fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
a. Applicant clain	atus (from status indicate ns SMALL ENTITY stati	us. See 37 CFR 1.27.	• •	_	LL ENTITY status. See 37 C				
NOTE: The Issue Fee are interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ates Patent and Trademark	d from anyone other that Office.	in the applicant; a reg	istered attorney or agent; or I	the assignee or other party in			
Authorized Signature			<u>ــــــ</u>	DateF	ebruary 2010				
Typed or printed nan				Registration N		II de Norro			
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, 'Alexandria, 'Alexandria, Virginia 22	ntiality is governed by 35 and application form to the tions for reducing this but Virginia 22313-1450. DO 313-1450.	USPTO. Time will vary riden, should be sent to the NOT SEND FEES OR	depending upon the ir the Chief Information Of COMPLETED FORMS	dividual case. Any co ficer, U.S. Patent and TO THIS ADDRESS	omments on the amount of the Trademark Office 11.5. Dec	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, ol number.			
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	ENCE ADDRESS (Note: Use Blo	ock I for any change of address)	Fee(	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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						(Depositor's name)			
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						(Date)			
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10/572,933	10/572.933 03/22/2006		Bang Luu		5001				
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUI				
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/23/2010			
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	J					
<u></u>	ONG SOO	1627	514-458000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)	- identified below the	document has been filed for			
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the for a substitute for filing an	assignment.	s identified below, die	document has been filed for			
(A) NAME OF ASSI			(B) RESIDENCE: (CITY		NTRY)				
AxoGlia Therapeution	≈ S.A		LUXEMBOURG, LUXE	MBOURG					
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple		reviously paid issue fe	e shown above)			
Issue Fee	No small entity discount	nermitted)	A check is enclosed.  Payment by credit ca	rd. Form PTO-2038 is	attached.				
Advance Order -			AThe Director is hereb	y authorized to charge osit Account Number _	he required fee(s), any	deficiency, or credit any an extra copy of this form).			
a Applicant clair	atus (from status indicate	us. See 37 CFR 1.27.	☐ b. Applicant is no lo	nger claiming SMALL	ENTITY status. See 37	CFR 1.27(g)(2).			
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an application. Confide submitting the complet this form and/or sugges Box 1450, Alexandria,	ed application form to the stions for reducing this by Virginia 22313-1450.	SUSPTO. Time will var urden, should be sent to to NOT SEND FEES OR	ion is required to obtain or R 1.14. This collection is e y depending upon the ind he Chief Information Offic COMPLETED FORMS espond to a collection of in	ividual case. Any communication of the communication of the case o	ments on the amount of ademark Office, U.S. D END TO: Commission	and by the USPTO to process, ling gathering, preparing, and time you require to complete opartment of Commerce, P.O. er for Patents, P.O. Box 1450 rol number.			